

BACKFLOW PREVENTION DEVICE TEST REPORT

SITE INFORMATION:

Facility Name: _____ Contact Person: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

DEVICE INFORMATION:

Status	Type	Identification
New Installation <input type="checkbox"/>	Air Gap <input type="checkbox"/>	Size: _____
Existing <input type="checkbox"/>	DC <input type="checkbox"/>	Make: _____
Removed <input type="checkbox"/>	PVB <input type="checkbox"/>	Model: _____
Replacement <input type="checkbox"/>	RP <input type="checkbox"/>	Serial No: _____
Old Serial No: _____	SVB <input type="checkbox"/>	
	Other _____	

Hazard Being Contained or Isolated (ie: irrigation, complete building, boiler, etc): _____

Description of Device Location: _____

TEST RESULTS:

	PVB or SVB		DC		RP		
	Air Inlet	Check Valve	Check Valve #1	Check Valve #2	Check Valve #1	Check Valve #2	Relief Valve
Initial Test Pass: <input type="checkbox"/> Fail: <input type="checkbox"/>	Opened At: _____ psid	Held At: _____ psid	Held At: _____ psid	Held At: _____ psid	Held At: _____ psid	Held At: _____ psid	Opened At: _____ psid
* all repairs must be completed within 10 days	Repair Details:		Repair Details:		Repair Details:		
Final Test Pass: <input type="checkbox"/> Fail: <input type="checkbox"/>	Opened At: _____ psid	Held At: _____ psid	Held At: _____ psid	Held At: _____ psid	Held At: _____ psid	Held At: _____ psid	Opened At: _____ psid

Air Gap Inspection: Required air gap separation provided? Yes ☐ No ☐

Does the assembly meet proper piping installation requirements? Yes ☐ No ☐

Comments: _____

CERTIFIED TESTER INFORMATION:

I certify that all the information on this report is complete, true and accurate at the time of testing.

Tester Name (Printed): _____ Ohio DOC Certification #: _____

Company Name and Address: _____ Phone: _____

Tester Signature: _____ Test Date: _____